Form 990-T Exempt Organization Bu	ider sec	tion 6033(Return i∂(ya 🗀	OMB No 1545-00	
For calendar year 2018 or other tax year beginning	2018		5				
Department of the Treasury ► Go to www.irs.gov/Form990T for					00	en to Public Inspec	tion for
Internal Revenue Service ▶ Do not enter SSN numbers on this form as it r				ion is a 501(c)	(3). 50	en to Public Inspec 1(c)(3) Organization	ns Only
A Laddress changed Name of organization (Check box if ha	_		ons)	P		er identification nu es' trust, see instru	
B Exempt under section Print BARBARA ANN KARMANOS CANCE							ciioris /
Viscolity Control or Number, street, and room or suite no. If a P	O box, see	Instructions		-		20-1649466 d business activity	codo
408(e) 220(e) Type 4100 JOHN R						u ousiness activity ructions)	code
408A 530(a) City or town, state or province, country, and	ZIP or foreig	gn postal code					
C Book value of all assets at end of year F Group exemption number (See instruc	tions \ D						
0 01 1		ion 🗆 50	1(c) tru:	et 🗖 4	01(a) tr	et 🗆 Other	r trust
\$225,569,000 G Check organization type ► [2] 501(c H Enter the number of the organization's unrelated trades or bu			ri(c) tru				
trade or business here			nlete De		•	(or first) unrela	
first in the blank space at the end of the previous sentence	. complet	only one, comp	piete Pa	alis i-v. II II oloto a Sch	odulo A	in one, describ	e me Intropol
trade or business, then complete Parts III-V.	, complet	e Paris I anu I	ii, coiii	Diete a Scri	eaule iv	i ioi eacii auu	шопа
		o accept outsit		atrallad are:		► [] Vac [7	7] No
During the tax year, was the corporation a subsidiary in an affiliate	• .	•	diary co	ntrolled grot	ı p r	► ☐ Yes 🗹	7 1/10
If "Yes," enter the name and identifying number of the parent The books are in care of ► BRIAN R GAMBLE	Corporat			a aumbaa I			
Part I Unrelated Trade or Business Income		(A) Incom		e number (B) Expe		313-576-8935 (C) Net	}
1a Gross receipts or sales		(A) IIICOII	"	**************************************	54 384	150 MAY 23 TIMES	PF '840
b Less returns and allowances c Balance	:e ▶ 1c		1 1		S4 (*)	The state of the s	腦
2 Cost of goods sold (Schedule A, line 7)	2		++	7,7 3 5 6	77	Notice C	155.55
3 Gross profit Subtract line 2 from line 1c.	3	-			11 115 33	13 Andrige	1615, 672
4a Capital gain net income (attach Schedule D)	4a		+	E. S.	70/3/4	 	\vdash
•	 		+ - i		1 * * * *		├
 b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 479 c Capital loss deduction for trusts 	· —	<u> </u>		AND A L. L.	7 7 2		┿
•	4c	<u></u>			_		
(and the contract of the contr	· -	- -	+	Hately rectified			├─-
	. 6		+				—
(20.000.00)	. 7		1 1				₩
the state of the s		4	+				├ ──
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedi	· —					ļ	<u> </u>
Exploited exempt activity income (Schedule I)	. 10	-	1				—
Advertising income (Schedule J)	. 11		-				—
Other income (See instructions, attach schedule) .	12	 		Har There is	7. 13h		↓
13 Total. Combine lines 3 through 12	. 13		<u>ol ool</u>			<u> </u>	<u> </u>
Part II Deductions Not Taken Elsewhere (See instruction				is) (Except	for co	ntributions,	
deductions must be directly connected with the unit		isiness incom	ie.)			1	
14 Compensation of officers, directors, and trustees (Schedu15 Salaries and wages	ле K) .	• • • •		•	14		
15 Salaries and wages			•		15		<u> </u>
17 Bad debts			•		16		<u> </u>
		•	-	•	17		
40 Towns and Language	• •				18		₩
				•	19		<u> </u>
Charitable contributions (See instructions for limitation rule	•	1 1			20		<u> </u>
Depreciation (attach Form 4562)		21					
Less depreciation claimed on Schedule A and elsewhere	on return	[22a]			22b		<u> </u>
23 Depletion			-		23		
24 Contributions to deferred compensation plans	REC	EIVED			24		
25 Employee benefit programs	•		တ္တ	•	25		<u> </u>
26 Excess exempt expenses (Schedule I)			ကြ		26		
27 Excess readership costs (Schedule J)	APR	1 3 2020	流		27		<u> </u>
28 Other deductions (attach schedule)			RS-0		28		<u> </u>
29 Total deductions. Add lines 14 through 28	000	CALLIT		•	29		<u> </u>
Unrelated business taxable income before net operating los					30		<u> </u>
Deduction for net operating loss arising in tax years beginning		January 1, 201	18 (see i	nstructions)	31	三江 医线性	34.25
32 Unrelated business taxable income. Subtract line 31 from	line 30	<u> </u>	<u></u>	<u> </u>	32		L
or Paperwork Reduction Act Notice, see instructions.	_	Cat No 112	91J			Form 990-T	(2018)



				Page 2
Part				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	}	
34	Amounts paid for disallowed fringes	34		+-
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	34		
00	instructions)	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
	of lines 33 and 34	36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		↓
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	38		<u>o oo</u>
	IV Tax Computation		r	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on		ļ	l
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	·	_
41	Proxy tax. See instructions	41		4
42	Alternative minimum tax (trusts only)	42		4
43	Tax on Noncompliant Facility Income. See instructions	43		┿
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	<u> </u>	
	V Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) . 45a			1
Ь	Other credits (see instructions)			
C	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d	-		
d e		45e		
46	Total credits. Add lines 45a through 45d	46		+-
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47		+
48	Total tax. Add lines 46 and 47 (see instructions)	48		0 00
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		<u> </u>
50a	Payments A 2017 overnayment credited to 2018	· ·		+
b	2018 estimated tax payments			1
C	Tax deposited with Form 8868			
d	Foreign organizations Tax paid or withheld at source (see instructions) . 50d	ľ		
е	Backup withholding (see instructions)	1		
f	Credit for small employer health insurance premiums (attach Form 8941) . 50f	,:		ľ
g	Other credits, adjustments, and payments Form 2439	i. i		
	☐ Form 4136 ☐ Other Total ▶ 50g			
51	Total payments. Add lines 50a through 50g	51	72,20	0 00
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	58		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid .	54	72.20	0 00
55	Enter the amount of line 54 you want	55	72,20	0 00
Part '	Statements Regarding Certain Activities and Other Information (see instructions)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or ot	her au	uthority Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may			1 .
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for	eign (country	1
	here >		L	/
	During the territory wild the experimental and approximation for the first territory of the second o		ict2	1 /
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ayn uu	^{231:}	┷
57 58	If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year.	agn tru		

	here	N Form 114, Report of Foreign Bank	and Financial Accounts. If	res," enter the name of	tne tore	eign count	ry	1,
57		the tax year, did the organization receive			, a forei	ign trust?		_
		," see instructions for other forms the					1	
58		he amount of tax-exempt interest rec					1.	<u> </u>
Sign Here	true, c	r penalties of penury. I declare that I have examine perfect and complete. Declaration of preparer (othe large of office)	d this return, including accompanying in than taxpayer) is based on all informat 3. 18.20 CFO Title	schedules and statements, and to ion of which preparer has any kno	owledge.	of my knowle May the IRS with the prep (see instruction	discuss this parer shown	s return
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature	Date	•	ck if	PTIN	
Jse (Firm's name ► Firm's EIN ►						
		Firm's address ▶ Phone no						
						For	_{rm} 990-1	Γ (2018)

· (anni add in (anni a)							
Schedule A-Cost of Goods Sold.	Enter method of i	nventory va	luation >				
1 Inventory at beginning of year	1	6	Inventory a	t end of year .	6		
2 Purchases	2	7	Cost of	goods sold. Subtract	. 4		
3 Cost of labor	3			line 5 Enter here and			
4a Additional section 263A costs			in Part I, lin	ie 2	7		
(attach schedule)	4a	8	Do the rul	es of section 263A (wi			
 Other costs (attach schedule) 	4b			roduced or acquired for			
5 Total. Add lines 1 through 4b	5			nization?			
Schedule C-Rent Income (From F	Real Property and	d Personal	Property I	_eased With Real Pro	operty)		
(see instructions)							
1 Description of property							
(1)							
(2)							
(3)							
(4)	alicad as assessed				·		
Z. Rent rec	elved or accrued						
 (a) From personal property (if the percentage of rei for personal property is more than 10% but not more than 50%) 	ind personal pro t for personal pro t is based on pro	perty exceeds		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)							
(2)							
(3)							
(4)							
Total	Total			(b) Total deductions.			
(c) Total income. Add totals of columns 2(a)			Enter here and on page	e 1,			
here and on page 1, Part I, line 6, column (A)				Part I, line 6, column (B)▶		
Schedule E—Unrelated Debt-Finar	nced Income (see	Instructions)	a b 1 d 2 d 2 d			
			ome from or		nnected with or allocable to need property		
Description of debt-financed p	roperty		debt-financed perty	(a) Straight line depreciation			
		-	,	(attach schedule)	(attach schedule)		
(1)							
(2)		 					
(3)		<u> </u>			 		
4 Amount of average 5 Ave	rage adjusted basis	+			 		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)		4 di	olumn vided lumn 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))		
(1)			%				
(2)			%				
(3)			%	,			
(4)			%				
	- ,			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals .			. ▶				
Total dividends-received deductions includ-	nd in column P				▶		

Schedule F-Interest, Ann	uities. Ro	valties.	and Ren	ts From	Controlled Ord	anizations (se	e instru	ctions)		
					Organizations	<u></u>				
Name of controlled organization	2. Emp identificatio		3 Net unrel	lated income instructions)	T	5. Part of column 4 that is included in the controlling organization's gross income		conn	eductions directly ected with income in column 5	
(1)								<u> </u>		
(2)										
(3)		-								
(4)								<u> </u>		
Nonexempt Controlled Organiz	zations				1	<u> </u>				
			Т			40 0-4-4-4	0 15-11	44.5	advetions describe	
7. Taxable Income		unrelated inc see instructi			otal of specified yments made	 Part of column 9 that is included in the controlling organization's gross income 		conne	11. Deductions directly connected with income in column 10	
(1)										
(2)										
(3)										
(4)									_	
Totals						Add columns 5 Enter here and c Part I, line 8, cc	on page 1 olumn (A)	, Enter I Part I,	columns 6 and 11 nere and on page 1, line 8, column (B)	
Schedule G-Investment I	ncome o	f a Secti	on 501(zation (see ins	truction			
1. Description of income	2	. Amount of	income	dire	Deductions ctly connected ach schedule)				5. Total deductions and set-asides (col 3 plus col 4)	
(1)										
(2)										
(3)										
(4)										
Totals		r here and I, line 9, co					-		re and on page 1, ne 9, column (B)	
Schedule I-Exploited Exe	mpt Acti	vity Inco	me, Oth	er Than	Advertising In	come (see inst	truction	s)		
Description of exploited activity	ty bu	2. Gross unrelated siness incon rom trade or business	3 E conn proc	expenses directly ected with duction of irelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6 Ex	penses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)				·						
(4)										
Totals .	p	er here and age 1, Part I ie 10, col. (A	. Dage	here and on a 1, Part I, 0, col (B)				•	Enter here and on page 1, Part II, line 26	
Schedule J-Advertising I	ncome (se	ee instruc	tions)						·	
Part I Income From P				Consoli	dated Basis					
					4. Advertising				7. Excess readership	
1. Name of periodical		2. Gross advertising income		Direct	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		adership osts	costs (column 6 minus column 5, but not more than column 4)	
(1)										
(2)]] 1	
(3)]	
(4)										
Totals (carry to Part II, line (5)) .	. ▶									

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Part II Income From Periodi 2 through 7 on a line-t	•	on a Separat	te Basis (For ea	ach periodical I	isted in Part II	, fill in columns
Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶			THE WASTERN AF	175.1 7 20 1	M. Ach	
Totals, Part II (lines 1–5) .	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Enter here and on page 1, Part II, line 27
Schedule K-Compensation of	Officers, Direc	tors, and Tru	stees (see instri	uctions)		·
1. Name		:	2. Title	3. Percent of time devoted to business		ion attributable to ed business
(1)				9/	6	
(2)				9/	6	
(3)				%	6	
(4)		<u> </u>		9/	6	
Total. Enter here and on page 1, Part II, lin	ne 14	· :	·	<u> </u>	<u> </u>	

Form 990-T (2018)

BARABARA ANN KARMANOS CANCER	<u>20-1649466</u>	
	***************************************	=======================================
FORM 990-T	REASON FOR RETURN	STATEMENT 1

THIS RETURN IS BEING FILED TO CLAIM A REFUND OF PAYMENTS MADE RELATED TO SECTION 512(A)(7). THE TAXPAYERHAS NO OTHER UNRELATED BUSINESS ACTIVITY OTHER THAN THE REPEALED SECTION 512(A)(7) QUALIFIED TRANSPORTATION FRINGE, AND THEREFORE HAS NO REMAINING TAX LIABILITY